STATE OF CALIFORNIA

## **DIRECT DISPENSING LOG – Veterinary Use Only** BNE 060 (1/05)



Veterinarian/Dispenser Name:						Veterinary Lic.#					
Address:	Telephone:										
DEA #:											
Date of Dispensing	Numeric Qua		ty	Drug Name	NI	DC :	Number			Strength of Rx	
Client First Name	MI	Client Last Name		Clier		nt Date of Birth Client Gender Coo Male=1/Female=2					
Client Address	l	City			State Z		Zip	Animal Patient's Name			
	_										
Date of Dispensing	Pate of Dispensing Numeric Quantit			Drug Name ND0			OC Number			Strength of Rx	
Client First Name	MI	Cli	Client Last Name		Client Date of Birth		Client Gender Code Male=1/Female=2				
Client Address				City	State Zip		Zip	Animal Patient's Name			
Date of Dispensing Numeric		Quantity		Drug Name	NI	NDC Number			Strength of Rx		
Client First Name		MI	Cli	lient Last Name		Clie		ient Date of Birth Client Ge Male=1/F			
Client Address			ı	City		State		Zip	Animal Patient's Name		
Reporting Month/											